CATAWBA COUNTY GOVERNMENT Employment Application

Position Applied For			Pos	sition Numb	er
First Name	MI	Last Name		SSN	
Address		City			State
Zip Code	County	Daytime Ph	one	Evening	g Phone
EDUCATION					
EDUCATION	High School	Vocational/	College/		Graduate/
	Thigh behoof	Technical	University		Professional
School Name			J		
and Location					
Did you Graduate?	Yes No GED	Yes No	Yes No		Yes No
Dates Attended					
Credit Hours		_			
Type Degree					
Course of Study/Major					
List any foreign languages in which	ch you are fluent.				
GENERAL INFORM		Please Answer Al	Questions		
Do you currently work i	or Catawba County Gove	innent?		yes	no
 Are you a former employ If yes, indicate Dept. an 	yee of Catawba County G d Date Separated	overnment?		yes	no
• Are you related by blood If yes, indicate Name, I		n currently employed by Cat		yes	no
Have you ever worked u If yes, please list	nder another name? (Used	d to verify work experience,	education, etc.)	yes	no
Are you legally eligible to	to work in the United State	es?		yes	no
If you have a valid drives	r's license, indicate state of	of issuance and DL#		yes -	no
If yes, please explain	victed of any unlawful of fully on separate sheet on record will not necessa			yes	no

EMPLOYMENT HISTORY

PLEASE READ CAREFULLLY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. DO NOT REFER TO RESUME.

Employer	Address	Phone	
Job Title	Supervisor's Name and Title	No. Supervised by You	_
Date Employed (Mo/Yr)	Starting Salary: \$	Per May We Contact Employer?	
Date Separated (Mo/Yr)	Ending Salary: \$	Per yes no	
Full-time #years #months	Part-time# years	# months; If Part-time, # of hours worked per week	
Reason for Leaving/Wanting to Leave:			
Description of Work:			
			_
			_
Employer	Address	Phone	
Job Title	Supervisor's Name and Title	No. Supervised by You	
Date Employed (Mo/Yr)	Starting Salary: \$ Per	May We Contact Employer?	
Date Separated (Mo/Yr)	Ending Salary: \$ Per	er yes no	
Full-time# years#months	Part-time# years# months;	; If Part-time, # of hours worked per week	
Reason for Leaving:			
Description of Work:			
Employer	Address	Phone	
Job Title	Supervisor's Name and Title	No. Supervised by You	
Date Employed (Mo/Yr)	Starting Salary: \$ Per	May We Contact Employer?	
Date Separated (Mo/Yr)	Ending Salary: \$ Per	er yes no	
Full-time# years#months	Part-time# years# month	hs; If Part-time, # of hours worked per week	
Reason for Leaving:			
Description of Work:			
			_

Employer	Address		Phone
Job Title	Supervisor's Name and Title		No. Supervised by You
Date Employed (Mo/Yr)	Starting Salary: \$	Per	May We Contact Employer?
Date Separated (Mo/Yr)	Ending Salary: \$	Per	_ yes no
Full-time#years#months	Part-time# years	# months; I	If Part-time, # of hours worked per week
Reason for Leaving:			
Description of Work:			
Employer	Address		Phone
Job Title	Supervisor's Name and Title		No. Supervised by You
Date Employed (Mo/Yr)	Starting Salary: \$	Per	May We Contact Employer?
Date Separated (Mo/Yr)	Ending Salary: \$	Per	yes no
Full-time#years#months	Part-time	# years	# months; If Part-time, # of hours worked per week
Reason for Leaving:			
Description of Work:			
	CERTIFIC	ATION	
belief and are made in good faith. I understand the employed. I also understand that as a condition of	hat any false statements or infor of my employment, I will be req driving, criminal, credit, or oth	rmation may be quired to furnis her records ma	ue, complete and correct to the best of my knowledge and e grounds for rejection of my application, or dismissal if I am sh documentation verifying my identity and eligibility to work by be conducted before employment. I permit the County to sich I am applying.
licensing boards, and educational institutions listed I waive any right to legal claims against a disclos	ed on my application, to provide sing person, employer, or institu s of Federal or State law, I also v	e Catawba Cou tion and the pr	t or U.S. Military, and other persons, registration and anty Government with any job-related information requested. rospective employer seeking and using this information for at I may have to review confidential material or information
I understand that Catawba County is a drug free provided by Catawba County, before I may be em	-	a drug urinaly	rsis test, and may be required to pass a physical examination
I certify that if I am a male between the ages of Selective Service Act.	18 and 26, I am aware of and in	ı compliance w	rith all applicable registration requirements of the Military
Signature of Applicant (Unsigned applications will not b	ne processed)		Data

CATAWBA COUNTY GOVERNMENT Employment Application

Catawba County Personnel Department 100 A South West Boulevard Post Office Box 389 Newton, NC 28658

Phone: 828-465-8383; TDD: 828-465-8200 FAX: 828-465-8472; Infotalk Jobline: 828-465-8468 WWW.CO.CATAWBA.NC.US

APPLICATION INSTRUCTIONS PLEASE READ AND FOLLOW CAREFULLY

- Applications are accepted for current Catawba County vacancies only.
- A separate application must be completed for each position for which you apply.
- Please type or print application information. Use Black Ink <u>ONLY</u> to complete the application.
- Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
- Resumes and cover letters may be submitted with the completed application for supplemental information.
- Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration.
- A completed Catawba County Employment Application must be either submitted to the Personnel Department located in the Government Center by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
- Catawba County does not keep applications on file. You must apply for each vacancy for which you want to be considered.
- All applications become the property of Catawba County and cannot be returned.
- Catawba County Government is a drug free work place. All persons offered employment must have a negative drug test before being employed by Catawba County.
- For information about current vacancies, call the Infotalk Line at 828-465-8468.

Catawba County is an equal opportunity employer.

It is the policy of Catawba County Government to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

Equal Employment / Applicant Data

Catawba County Government is an Equal Opportunity Employer. Catawba County Government prohibits discrimination based on race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

The information below is requested for data collection purposes and will be used only to evaluate how well our recruitment efforts are reaching all segments of the population.

The information on this form will in no way affect you as an applicant. This data will be physically separated from the remainder of your job application before the application is considered for possible employment.

We would appreciate you providing this information. However, completing this form is strictly voluntary. **Please return this section even if not completed.**

Date of Birth	/ /
	(mo) (day) (yr)
Gender	Male Female
Ethnicity	White (Caucasian, Non-Hispanic) Black (African-American, Non-Hispanic) Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) Asian (including Pacific Islander) American Indian (including Alaskan native)
Disability	Yes No
NT . A 1' 1'1'	

Note: A disability is any impairment which substantially limits a major life function.

ow did you become aware of this position? Hickory Daily Record	Cable TV
Charlotte Observer	Employment Security Commission
Other Newspaper, which one	E-Mail
Friend	Employment Agency
County Employee	Infotalk Jobline
Catawba County Web Site	Trade Journal, which one
America's Job Bank	Other Internet site, which site
Other (please specify)	